PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09694176

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			5				F	RATE F]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		ВА	SIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			5 minus 20=		. 0		×	(\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS) minus 3 =		* 0		\	 (40=		OR	X80=	
MU	ILTIPLE DEPEN	IDENT CLAIM P	RESENT					135=		1	+270=	
* If	the difference	in column 1 is	less than ze	ro, ente	"0" in column 2		<u> </u>	OTAL	REE M	OR OR	TOTAL	
	С	LAIMS AS A	MENDED - PART II				11	JIAL	20000	On	OTHER	THAN
	LET A SOF WORK BY SOCIETA OF THE	(Column 1)	(Colum		mn 2)	(Column 3) SM		MALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X	\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	- OL ALIA	=	X	40=		OR	X80=	
<u> </u>	FIRST PRESE	NTATION OF MI	JUNPLE DEF	ENDEN	CLAIM		+1	135=	-	OR	+270=	
							450	TOTAL IT. FEE			TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)								II. FEE (•	ADDIT. PEET	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	HIGHE NUMB PREVIO PAID F		BER DUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X	\$ 9=		OR	X\$18=	
	Independent + FIRST PRESENTATION OF MU		Minus			= -	X	40=		OR	X80=	
<u> </u>	FINST PRESE	NTATION OF MIC	DETIPLE DEF	ENDENI	CLAIM		+1	35=		OR	+270=	
								TOTAL IT. FEE			TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)								11. 755	·	,	ADDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X	\$ 9=		OR	X\$18=	
	Independent	NITATION OF M	Minus	***		=	X	40=		OR	X80=	
<u> </u>	FIRST PRESE	NIATION OF MU	ILTIPLE DEPENDENT		CLAIM	LAIM		35=			+270=	
•	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR OR	TOTAL	
•••	'f the "Highest Nu	mber Previously Pa mber Previously Pa ber Previously Pai	aid For" 'N THI	S SPACE !	s less tha	n 3. enter "3."		T. FEE (n the app	oropriate box		ADDIT. FEE I lumn 1.	